Ministry of Natural Resources
Ontario

Report of Work
Mining

Assess Lib. 491/81 86(
Eby Twp.

42A01SE5166 W8608-00491 EBY

010

Name and Postal Address of Recorded Holder

FERNAND RIVARD

K 19102

BOX 1091 KIRKLAND LAKE. ONT. P2N-2C9

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed: 53

for Performance of the following work. (Check one only)

- [ ] Manual Work
- [ ] Shaft Sinking Drifting or other Lateral Work.
- [ ] Compressed Air, other Power driven or mechanical equip.
- [x] Power Stripping
- [ ] Diamond or other Core drilling
- [ ] Land Survey

Mining Claim Prefix	Mining Claim Number	Work Days Cr.	Mining Claim Prefix	Mining Claim Number	Work Days Cr.	Mining Claim Prefix	Mining Claim Number	Work Days Cr.
	891906	20						
	891902	20						
	891907	13						

ONTARIO GEOLOGICAL SURVEY
ASSESSMENT FILES RESEARCH IMAGING
DEC 1 1986
RECEIVED

All the work was performed on Mining Claim(s): L 7354464

Required Information eg: type of equipment, Names, Addresses, etc. (See Table Below)

POWER STRIPPING PER ATTACHED SKETCH AND DATES WORKED

Sept 13/86 Sept 21/86 DF

EQUIPMENT USED
2010 JOHN DEER CRAWLER
OWNER FERNAND RIVARD
BOX 1091 KIRKLAND LAKE ONT

LANDS ADMINISTRATION DIVISION
RECEIVED
NOV 14 1986
1:35
RECORDED
NOV 14 1986
Receipt #

Date of Report: NOV 14/86

Recorded Holder or Agent (Signature): Fernand Rivard

Certification Verifying Report of Work

I hereby certify that I have a personal and intimate knowledge of the facts set forth in the Report of Work annexed hereto, having performed the work or witnessed same during and/or after its completion and the annexed report is true.

Name and Postal Address of Person Certifying

FERNAND RIVARD BOX 1091
KIRKLAND LAKE ONT P2N 2C9

Date Certified: Nov 14/86

Certified by (Signature):

Table of Information/Attachments Required by the Mining Recorder

Type of Work	Specific information per type	Other information (Common to 2 or more types)	Attachments
Manual Work	Nil	Names and addresses of men who performed manual work/operated equipment, together with dates and hours of employment.	Work Sketch: these are required to show the location and extent of work in relation to the nearest claim post.
Shaft Sinking, Drifting or other Lateral Work			
Compressed air, other power driven or mechanical equip.	Type of equipment		
Power Stripping	Type of equipment and amount expended. **Note:** Proof of actual cost must be submitted within 30 days of recording.	Names and addresses of owner or operator together with dates when drilling/stripping done.	
Diamond or other core drilling	Signed core log showing; footage, diameter of core, number and angles of holes.		Work Sketch (as above) **in duplicate**
Land Survey	Name and address of Ontario land surveyer.	Nil	Nil

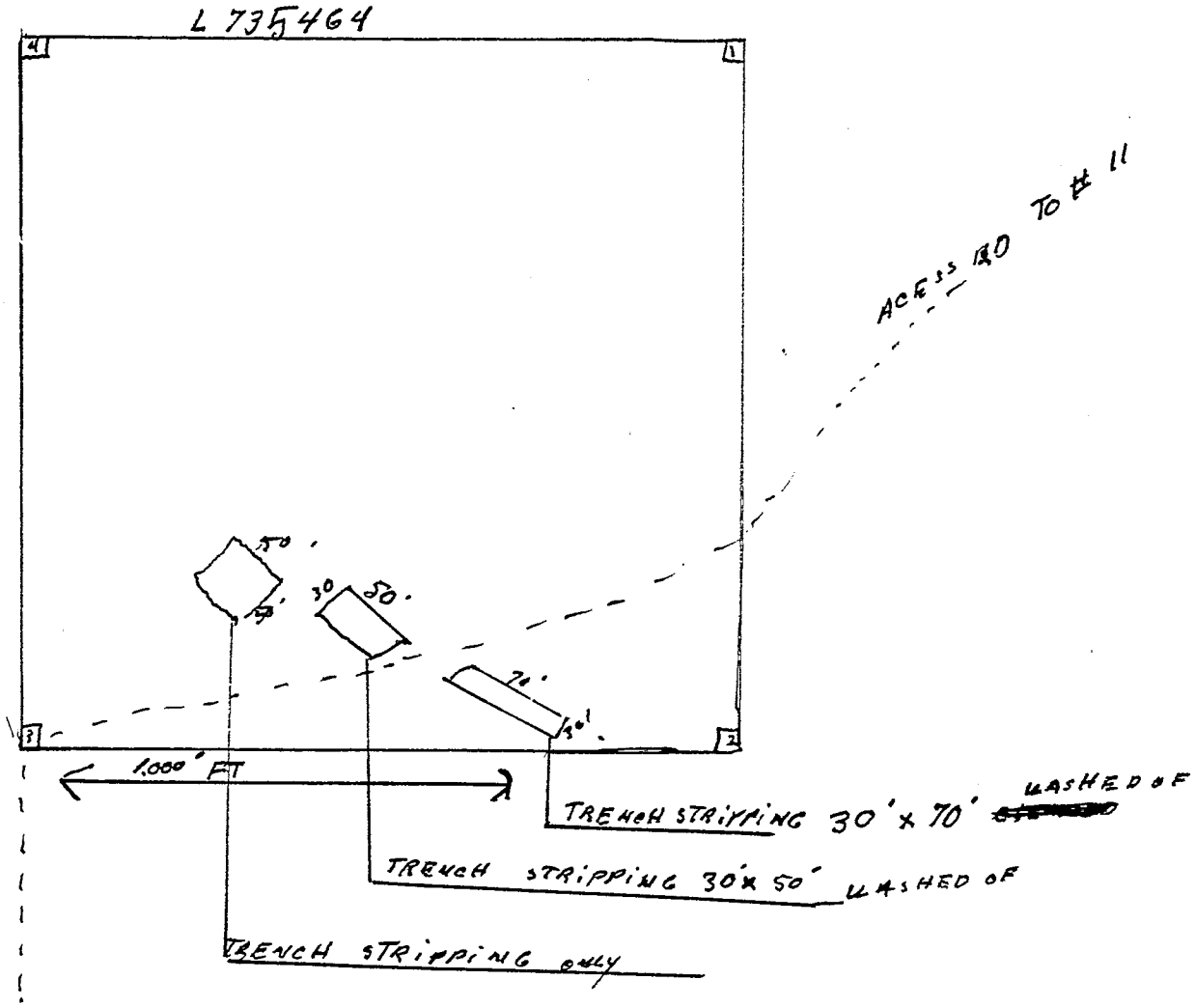
768 (81/3)

42A01SE5166 W8608-00491 EBY

EBY TWP

SW¼ S½ LOT 2 C 4

L 735464



F BIVARD

INVOICE

OUR NUMBER 84027

DATE Nov 14/86

CUSTOMER'S ORDER

SALESMAN

TERMS

F. O. B.

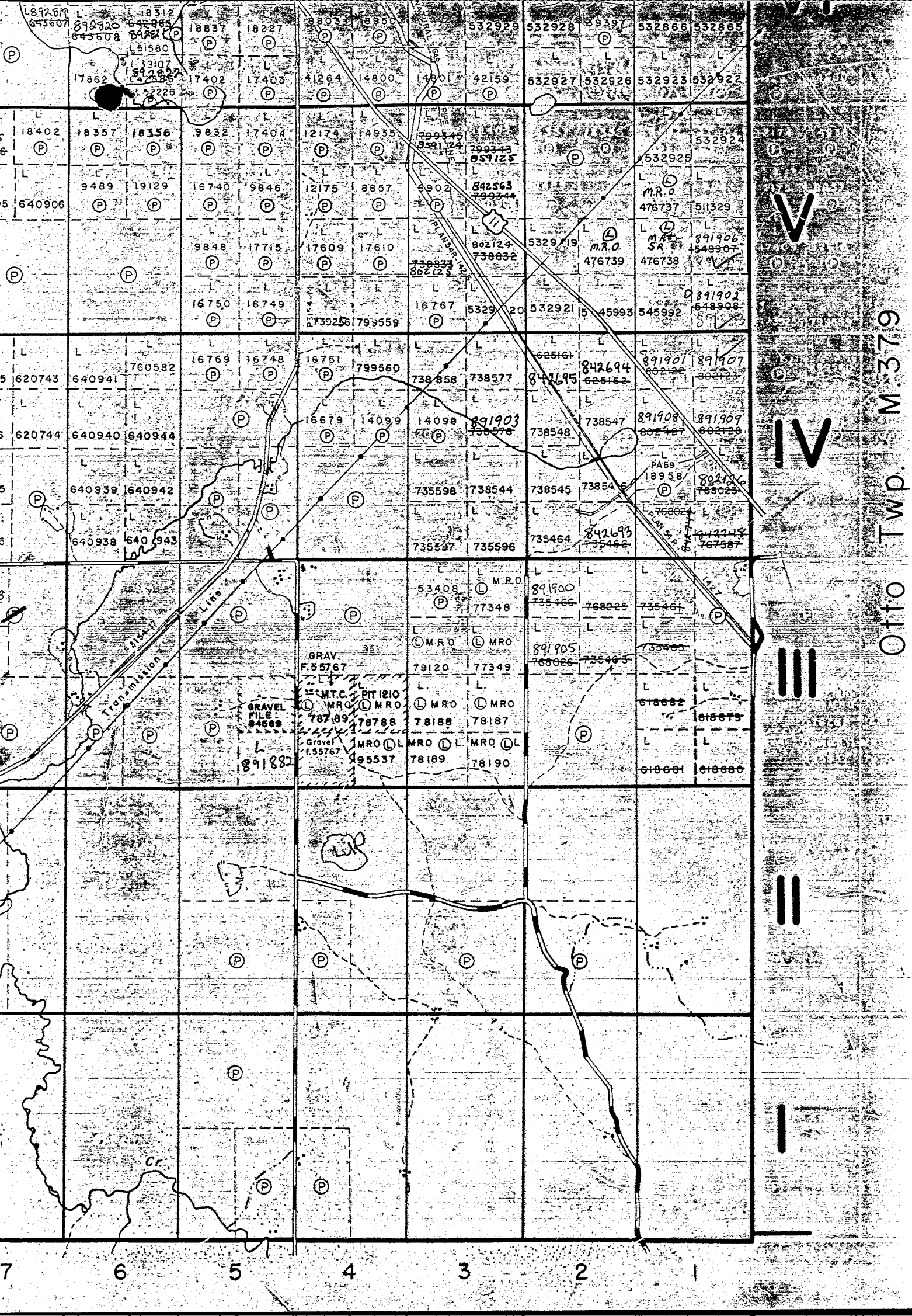
SOLD TO FERNAND RIVARD
BOX 1091

SHIPPED TO KIRKLAND LAKE ONT P2N 2C9

ADDRESS _____ VIA _____

~~dept~~	13/86	7 HRS				
	14/86	7 HRS				
	21/86	5 HRS				
	TOTAL	19 HRS @ 28.00 PER HR.		532	00	
	TOTAL HRS STRIPPING ON CLAIM # L 735461					

0031


Otto T. W. 37 N.
V
IV
III
II
I
7
6
5
4
3
2
1
Transmission
Line
GRAVEL
FILE:
84569
Gravel
f.55767
GRAV.
F.55767
Cr.